

# **PROGRAM RESPONSIBILITIES AND COMPONENTS**

**Breast and Cervical Cancer Control Program**

**2003-2004**

Texas Department of Health

## SECTION THREE: PROGRAM RESPONSIBILITIES AND COMPONENTS

I.	Responsibilities.....	31
II.	Components .....	31
	A. Management .....	31
	B. Screening.....	31
	C. Tracking and Follow-up.....	32
	D. Case Management.....	32
	E. Quality Assurance .....	32
	F. Professional Education .....	32
	G. Public Information and Outreach.....	33
	H. Coalitions and Partnerships .....	33
	I. Surveillance .....	33
	J. Evaluation .....	33
III.	Performance Measures.....	34
IV.	Continuity of Care .....	34

## **I. RESPONSIBILITIES**

In partnership with its contractors, the BCCCP is responsible for attaining the goals and objectives of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP).

## **II. COMPONENTS**

The BCCCP achieves program goals and objectives through implementation of the following program components: management, screening, tracking and follow-up; case management, quality assurance, professional education, public information/outreach; coalition/partnerships, surveillance; and evaluation.

### **A. Management**

The purpose of management is to maximize available resources to implement all program components in accordance with established policies and procedures. The major management activities include:

- \$ establishing annual work plans and developing guidelines and protocols for each program component;
- \$ working with the BCCCP advisory committee on clinical protocols, outreach and gaps in service to priority populations, quality assurance issues, and strategies and resources to achieve program goals and objectives;
- \$ developing a program budget including tracking and monitoring of contractor expenditures;
- \$ providing technical assistance to contractors;
- \$ updating and disseminating a program Manual of Operations (MOO); and
- \$ maintaining ongoing communications with CDC.

### **B. Screening**

The purpose of screening is to reduce mortality from breast and cervical cancers by detecting pre-cancerous or cancerous lesions at their earliest stages. BCCCP has established requirements for eligibility to ensure eligible women receive BCCCP-funded services. Additionally, BCCCP staff provide training and technical assistance to contractors to meet CDC guidelines, which require that at least:

- 75% of program-funded mammograms will be provided to women age 50-64;

- 20% of women receiving cervical cancer screening will not have been screened within the previous five years;
- 15% of women screened for breast cancer with program funds will be African-American;
- 30% of women screened for breast cancer will be rescreened at required intervals.

The BCCCP is responsible for assuring that all mammograms and cervical cytology are conducted by providers that meet established state and federal laws and guidelines.

The TDH Bureau of Radiation Control (BRC) can be contacted directly to obtain results of BRC inspections of mammography facilities participating in the BCCCP. BRC generally will notify the BCCCP if a mammography facility is in “escalated enforcement” or “cease and desist” status. **The BCCCP will not reimburse for services provided by a mammography with “escalated enforcement” status or “cease and desist” status.**

### **C. Tracking and Follow-up**

The purpose of tracking and follow-up is to ensure contractor’s compliance with the recommended diagnostic and initiation of treatment requirement. BCCCP must maintain accurate data to track client’s receipt of BCCCP services.

### **D. Case Management**

The purpose of case management is to ensure that clients enrolled in the program receive timely and appropriate diagnostic, treatment and rescreening services. Contractors will provide case management services to all BCCCP-enrolled women with abnormal screening results or diagnosis of cancer.

### **E. Quality Assurance**

The purpose of quality assurance is to ensure the services delivered through the BCCCP are in compliance with the State and NBCCEDP requirements. BCCCP coordinates with the TDH Quality Assurance Monitoring Division to ensure timely quality assurance visits, appropriate review of findings, and implementation of plans to correct findings.

Quality Assurance Division policies and procedures can be found at:

[www.tdh.state.tx.us/qamonitoring/qapolicyprocedure.pdf](http://www.tdh.state.tx.us/qamonitoring/qapolicyprocedure.pdf)

## **F. Professional Education**

The purpose of professional education is to assure that contractor staff provide clinical and other program services in compliance with program standards and requirements.

## **G. Public Information/Outreach**

The purpose of public information and outreach is to increase awareness among the priority population of the need for and availability of breast and cervical cancer screening services, address barriers to services, and motivate women to seek these services. BCCCP conducts needs assessment, establish workgroups, and collaborate with contractors to identify needs and methods for effective outreach.

## **H. Coalition and Partnership Building**

The purpose of coalition and partnership building is to expand and maximize resources, coordinate program activities, overcome obstacles to the recruitment of priority populations, and promote the delivery of comprehensive breast and cervical cancer screening services.

## **I. Surveillance**

The purpose of surveillance is to plan and monitor program activities using cancer data from the program and other sources.

## **J. Evaluation**

The purpose of evaluation is to assess the quality, effectiveness and efficiency of the BCCCP and gather useful information to aid in planning and decision-making. To achieve this, BCCCP:

- performs epidemiological investigations to identify trends and patterns;
- conducts stakeholder assessments and interviews to gather information on:
  - barriers to outreach efforts, and treatment and follow-up;
  - efficacy of public service education and case management; and
  - success in forming partnerships and coalitions.
- monitors contractor's expenditures; and
- reviews achievement of contractor's performance measures.

## **V. Performance Measures**

The following performance measures will be used to assess, in part, contractor's effectiveness in providing program services. BCCCP performance measures include:

- Mean days from abnormal result to diagnosis is less than or equal to sixty (60);
- Mean days from cancer diagnosis to treatment is less than or equal to thirty (30);
- Percent of clients refusing diagnostic services is less than two percent (2%);
- Percent of clients lost to follow up for diagnostic services is less than three percent (3%);
- Percent of clients refusing treatment is less than three percent (3%);
- Percent of clients lost to follow up for treatment is less than three percent (3%);
- Percent of clients rescreened for breast cancer is greater than or equal to thirty-five percent (35%);
- Percent of program-funded mammograms provided to clients age 50-64 is a minimum of seventy-five percent (75%); and
- Percent of women receiving program-funded cervical cancer screening services who have not been screened within the previous five (5) years is a minimum of twenty percent (20%).

## **IV. Continuity of Care**

Clients receiving screening, rescreening, and case management services through the BCCCP must receive continuity of care. If an agency discontinues BCCCP services due to termination of its contractual agreement with TDH, clients with abnormal screening or diagnostic results must receive continued follow-up and case management services. Continuation of services will be through the closest or most appropriate agency (when eligibility requirements are met). The following steps must be taken to ensure continuity of care:

- Original contractor will complete all follow-up or case management activities.
- Completed forms and documentation will be provided to BCCCP according to specified time frames and requirements, i.e., data collection forms, case management forms and staging information.
- The client must sign a consent for release of information in order for records to be transferred to another contractor.
- The new agency providing BCCCP services will continue to use the CD number assigned to the client by the originating agency.